DD Council Annual Program Performance Report (APPR)

Section III

Element: Annual Progress Report on Objective

Section III of the DD Council Annual Program Performance Report (APPR) is designed to capture progress towards each objective that was addressed or planned to be addressed during a reporting period.

**Section III of the APPR Template Outline (as it appears in DD Suite)**

* + **Goal (imported from State plan)**
	+ **Objective (imported from State plan)**
	+ **Objective description (imported from State plan)**
	+ **Implementation activities (imported from State plan)**
	+ **Activities undertaken were: all met, partially met, and not met (APPR requires DD Council to assess the status of activities for the objective)**
	+ **Timeline (imported from State plan)**
	+ **Timelines established were: all met, partially met, and not met (APPR requires the DD Council to assess the status of ability to meet timelines for the reporting period)**
	+ **Annual Progress Report on Objective – Narrative**
	+ **Performance Measures for this Objective (numbers are requested for the reporting period)**

Within Section III, DD Councils are required to provide an annual progress report narrative for each objective in their 5 year State plan. This document is designed as a tool to help DD Council staff develop a robust narrative (for each objective) that clearly and thoroughly describes the DD Council’s work and related progress for the activity/activities for the reporting period.

**The following tool can be used to self-evaluate a DD Council annual progress report narrative written for objectives with related activities for a reporting period (within Section III, Annual Progress Report Narrative of the APPR).**

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| **Introduce and Provide background for each activity (as applicable)**  |
| **QUALITY INDICATOR** | **Comment** |
| A description that provides introduction/background information for each activity/activities.  | **Note: If there are numerous activities under an objective, and a lot that could be reported, choose the combination of info that best describes the Council’s work and related progress.** |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Does the description provide a framework for the activity/activities?
 | □ yes  | □ no |  |
| 1. Does the description indicate whether the activity is new or a continuation activity?
 | □ yes  | □ no |  |
| 1. Does the description indicate where the activity took place? (Statewide, county/city specific?)
 | □ yes  | □ no |  |

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| **Implementation of Activities**  |
| **QUALITY INDICATOR** | **Comment****Note: If there are numerous activities under an objective, and a lot that could be reported, choose the combination of info that best describes the Council’s work and related progress.** |
| A description of the activities implemented, including how the activity was implemented.  |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Are the implementation activities clearly described?
 | □ yes  | □ no |  |  |
| 1. Does the description include an overview of how the activity was implemented?
 | □ yes  | □ no |  |  |
| 1. Does the description indicate who implemented the activity? (Was it in-house, with DD Council staff? was it out-sourced through a grant or contract? other?)
 | □ yes  | □ no |  |  |
| 1. Does the description include information that demonstrates results and accomplishments?
 | □ yes  | □ no |  |  |
| 1. Does the information provided correlate to the objective? (Can the reader make a connection to the written information provided and the objective statement?)
 | □ yes  | □ no |  |  |
| 1. Were there any barriers to implementation of the activity noted?
 | □ yes  | □ no | □ n/a |  |
| 1. If there were barriers, is there a need to adjust the timelines or plan?
 | □ yes  | □ no | □ n/a |  |

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| **Performance Measures/Outputs** |
| **QUALITY INDICATOR** | **Comment****Note: Numbers for identified measures associated with the activities for the objective are reported; select the category the data best fits; do not duplicate numbers.**  |
| Performance measures (numbers) are supported by the narrative description. |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Does the narrative include an explanation of how the performance measures (numbers) were achieved?
 | □ yes  | □ no |  |  |
| 1. Does the information on performance measure numbers clearly relate to an activity or project? (if more than one is included) If so, do the numbers calculate to the performance measure number?
 | □ yes  | □ no |  |  |
| 1. Is the performance measure number reported in the category the Council determined to best fit the data?
 | □ yes  | □ no |  |  |
| 1. Is the number reported only once?
 | □ yes  | □ no |  |  |
| 1. Is there a number reported for dollars leveraged?
 | □ yes  | □ no | □ n/a |  |
| 1. Is there a description of how dollars were leveraged?
 | □ yes  | □ no | □ n/a |  |
| 1. If the objective includes a numerical measure, does the narrative reflect progress towards the measure? (for example: if the objective is to reach 500 people by 2016, Is there an indication of status toward the number?)
 | □ yes  | □ no | □ n/a |  |

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| **Deliverables and/or Products** |
| **QUALITY INDICATOR** | **Comment****Note: A deliverable is something that is completed or delivered under the terms of an agreement or contract.** **Examples of deliverables and products are: training modules, reports, booklets, brochures, web-sites.**  |
| Deliverables and/or products associated with objectives are described.  |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Is information about deliverables and/or products included?
 | □ yes  | □ no | □ n/a |  |
| 1. Do the deliverables and/or products clearly correlate to the activity?
 | □ yes  | □ no | □ n/a |  |
| 1. Is there information about how the deliverable and/or product impacted the activity?
 | □ yes  | □ no | □ n/a |  |

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| **Evaluation/Outcomes** |
| **QUALITY INDICATOR** | **Comment****Note: Logic models or other tools (if applicable) should be reviewed to assist with monitoring progress towards objective.**  |
| Evaluation of activities, including a summary of data collection methods, data sources and data results, which offer an understanding of how outcomes were achieved. |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Is there a description of the outcome(s) achieved?
 | □ yes  | □ no | □ n/a |  |
| 1. Is there information on the methods used to evaluate the activity/activities related to the objective? (Survey, focus group, interview, observation, etc.)
 |  |  |  |  |
| 1. Is there information about the results of the evaluation? (level of satisfaction for activity? measure of what happened as a result of implementing the activity?)
 | □ yes  | □ no | □ n/a |  |
| 1. Does the evaluation information reflect the framework of the Council’s logic model or other evaluation tool?
 | □ yes  | □ no | □ n/a |  |
| 1. Is there information about whom or what was evaluated? (people or activity)
 | □ yes  | □ no | □ n/a |  |
| 1. Does the evaluation information correlate to the outcomes achieved?
 | □ yes  | □ no | □ n/a |  |
| 1. Does the information support the assessment of activities undertaken were “met, partially met, or not met?”
 | □ yes  | □ no | □ n/a |  |
| 1. Does the evaluation assessment indicate changes need to be made to the state plan?
 | □ yes  | □ no | □ n/a |  |

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| **Project or Initiative Success Stories (if applicable)**  |
| **QUALITY INDICATOR** | **Comment****Note: Stories of people with developmental disabilities, family members, and others impacted by council work can be included**  |
| Stories of people with developmental disabilities whose lives are better because of Council work.  |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Does the success story demonstrate the impact of the activity? | □ yes  | □ no | □ n/a  |  |

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| **Policy/Legislative Success Stories (if applicable)**  |
| **QUALITY INDICATOR** | **Comment****Note: If possible, correlate the success story/stories to the related policy/program created or improved performance measure(s).** |
| Stories of policy or legislative changes that happened as a result of Council work likely to positively impact the lives of people with developmental disabilities or that will prevent a potential negative public policy impact. |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Does the success story demonstrate the impact of the activity? | □ yes  | □ no | □ n/a  |  |

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| **Timeline(s) (for each objective)** |
| **QUALITY INDICATOR** | **Comment****Note: Timeline assessment appears as a check-off box in Section III of the APPR template (above the narrative field).** |
| Assessment of timeline(s) and target date(s) is supported in the narrative description. |
| **Review Prompt** | **Answer** | **Comment(s)** |
| 1. Does the assessment of timeline(s) established (all met, partially met, not met) correlate to the information in the description?
 | □ yes  | □ no |  |
| 1. Do timeline(s) need to be adjusted in the state plan amendment?
 | □ yes  | □ no |  |